

DC-STEP: Healthy Infant and Mothers Program

Baseline Telephone Interview

SUBJECT ID LABEL

DATE INTERVIEW COMPLETED:

|_|_|-|_|_|-|_|_|
MO DAY YR

FINAL RESULT CODE:

Interview Completed02
Interview Partially Completed, Final03
Subject Discontinued/Delivered Before BL Completed 91
Unable to Locate Subject, Final92
Subject Unavailable.....93
Other Final Outcome94
Not Applicable97
Subject Refused.....99

BEST DATES/TIME FOR 6-WEEK TELEPHONE INTERVIEW:

☐ Entered final result code, date, best time for 6-week interview, and any updated contact information into DMS.

TIME INTERVIEW BEGAN: ____|____| : ____|____| am / pm

For these survey results to be useful, it is crucial that everyone give us accurate answers. Your answers are strictly confidential, as required by federal law. Also, you may refuse to answer any question. Please use the blue answer cards that are in the folder you were given in the clinic (after you completed answering the questions on the computer) to help you answer some of the questions. I will be referring to them as we go.

If you have any questions, please let me know. If not, we can start.

SECTION A. DEMOGRAPHIC INFORMATION

First, I'd like to ask some questions about you and your household and family.

1. What is your date of birth? ____|____| - ____|____| - ____|____|____|____|
MO DAY YEAR

2. Were you born in the United States or some other country?

UNITED STATES1 → **SKIP TO Q. 3**

OTHER COUNTRY2

2a. SPECIFY _____

2b. In what year did you come to the United States to live? ____|____|____|____|

3. Do you consider yourself to be. . . YES NO

a. Black or African American?1.....2

b. Hispanic or Latina?1.....2

c. White?1.....2

d. Asian?1.....2

e. Other?1.....2

f. SPECIFY _____

4. What is the highest grade in school you have completed? Please do not include vocational or technical training.

LESS THAN HIGH SCHOOL 1

HIGH SCHOOL GRADUATE OR GED 2

SOME COLLEGE..... 3

COLLEGE DEGREE 4

POSTGRADUATE 5

5. Have you ever had any vocational or technical training?
- YES.....1
- NO2
6. Are you currently enrolled in school?
- YES.....1
- NO2
7. Do you currently work either part time or full time at a job for pay? Please include odd jobs like babysitting or pickup work, and temporary jobs, as well as regular, steady jobs. (IF “YES,” PROBE IF FULLTIME OR PARTTIME.)
- YES, FULLTIME.....1 → **SKIP TO Q. 8**
- YES, PARTTIME2 → **SKIP TO Q. 8**
- NO3
- 7a. Were you working either full-time or part-time before you became pregnant this time? (IF “YES,” PROBE IF FULL-TIME OR PART-TIME.)
- YES, FULL-TIME1
- YES, PART-TIME2
- NO3
8. What is your current marital status? Are you . . .
- Single, never married,1
- Married,2
- Separated,3
- Divorced, or4
- Widowed?5
9. Do you currently...
- Own your own home,1
- Rent your home,2
- Live with someone else who owns the home,3
- Live with someone else who rents the home, or4
- Have some other arrangement?5
- 9a. SPECIFY _____

10. Including yourself, how many people currently live in your household? |__|__|

11. Do you currently receive:	<u>YES</u>	<u>NO</u>
a. Food Stamps?.....	1	2
b. Medicaid?.....	1	2
c. WIC (Women, Infants, and Children)?.....	1	2
d. Commodity Supplemental Food Program?.....	1	2
e. Public assistance/TANF?	1	2

12. Outside of your participation in this project, have you received any of the following services in the last year?

	<u>YES</u>	<u>NO</u>
a. Home visiting services?	1	2
b. Smoking cessation program?	1	2
c. Alcohol treatment?.....	1	2
d. Drug treatment? (e.g., for substance abuse, addiction, methadone treatment).....	1	2
e. Social worker support?	1	2
f. Counseling services?.....	1	2

SECTION B. PREGNANCY HISTORY/FEELINGS ABOUT PREGNANCY

Now I would like to ask you about your current pregnancy.

1. When did you first learn that you were pregnant?

|_|_|_| - |_|_|_| - |_|_|_|_|_|_| DON'T KNOW.....-8
MO DAY YEAR

2. When was your first prenatal care visit for this pregnancy? That is, the first time during this pregnancy that you were seen by a doctor or nurse for a physical exam? Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).

|_|_|_| - |_|_|_| - |_|_|_|_|_|_| DON'T KNOW.....-8
MO DAY YEAR

IF DON'T KNOW:

- 2a. Can you tell me how many weeks or months pregnant you were when you had your first visit for prenatal care?

|_|_| WEEKS |_|_| MONTHS DON'T KNOW.....-8

3. When is your baby due? |_|_|_| - |_|_|_| - |_|_|_|_|_|_|
MO DAY YEAR

IF DON'T KNOW:

- 3a. How many weeks has it been since your last period? |_|_|_| WEEKS

OR

When was your last period? |_|_|_| - |_|_|_| - |_|_|_|_|_|_|
MO DAY YEAR

4. Were you using any family planning methods to prevent pregnancy the month before you became pregnant this time?

(IF RESPONDENT DOES NOT UNDERSTAND, MODIFY WORDING AS FOLLOWS: Were you doing anything to try to prevent pregnancy the month before you became pregnant?)

YES.....1 → **SKIP TO Q. 4b**

NO.....2

- 4a. Was the reason you were not using any family planning methods because you yourself wanted to become pregnant?

YES.....1 → **SKIP TO Q.5**

NO.....2

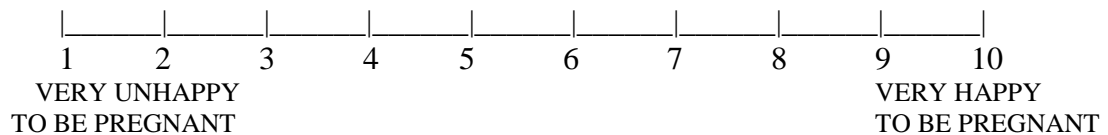
4b. At the time you became pregnant, did you yourself actually want to have a baby at some time?

YES.....1
NO2
NOT SURE, DON'T KNOW-8

4c. Would you say you became pregnant sooner than you wanted, later than you wanted, or at about the right time?

Sooner1
Later2
Right time.....3
DIDN'T CARE4

5. (Please use **CARD A**) Which number between “1” and “10” best describes how you felt when you found out you were pregnant. A “1” means that you were “Very Unhappy To Be Pregnant” and a “10” means that you were “Very Happy To Be Pregnant.”



6. At the time you became pregnant, did the father of this baby want to have a baby with you at some time?

YES.....1
NO2
NOT SURE, DON'T KNOW -8

7. Do you currently have a partner, boyfriend, spouse, or someone with whom you have a romantic or sexual relationship?

YES.....1
NO2 → **SKIP TO Q.13**

8. Is your current partner the father of this baby?

YES.....1 → **SKIP TO Q.13**
NO2
NOT SURE, DON'T KNOW-8

9. Do you currently live with your partner?

YES.....1

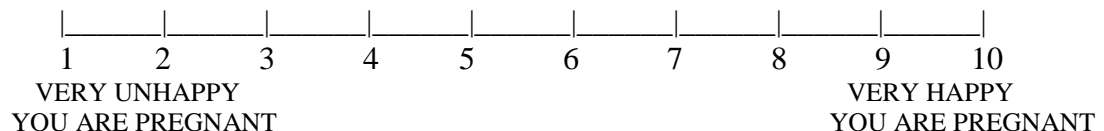
NO2

10. Have you told your current partner that you are pregnant?

YES.....1

NO2 → SKIP TO Q. 12

11. (Please use **CARD A**) Which number between “1” and “10” best describes how your current partner felt when learning about your pregnancy. A “1” means that your current partner was “Very Unhappy You Are Pregnant” and a “10” means that your current partner was “Very Happy You Are Pregnant.”



12. Since you became pregnant, how supportive of you has your current partner been both emotionally and in helping you to prepare for your new baby? Would you say . . .

Not at all supportive,1

Not very supportive,.....2

Somewhat supportive,.....3

Very supportive, or4

Extremely supportive?5

SKIP TO Q. 14 IF Q.9 = 1

13. Do you currently live with the father of your unborn baby?

YES.....1

NO2

14. Have you told the father of your baby that you are pregnant with his child?

YES.....1

YES, BUT NOT THAT THE BABY IS HIS CHILD2

NO3 → SKIP TO Q.16

N/A (DECEASED).....-9 → SKIP TO Q.17

15. (Please use A) Which number between “1” and “10” best describes how the father of your baby felt when he found out you were pregnant. A “1” means that he was “Very Unhappy To Be Pregnant” and a “10” means that he was “Very Happy To Be Pregnant.”

1	2	3	4	5	6	7	8	9	10
VERY UNHAPPY					VERY HAPPY				
YOU ARE PREGNANT					YOU ARE PREGNANT				

16. Since you became pregnant, how supportive of you has the father of this baby been both emotionally and in helping you to prepare for your new baby? Would you say . . .

Not at all supportive,1
 Not very supportive,.....2
 Somewhat supportive,.....3
 Very supportive, or4
 Extremely supportive?5

| Now, I would like to ask you about all of your pregnancies including the current pregnancy and all previous pregnancies.

17. Altogether, including this pregnancy, how many times have you been pregnant? Include this current pregnancy, all previous pregnancies, and any miscarriages, stillbirths, or abortions you many have had.

|_|_| TOTAL PREGNANCIES

INTERVIEWER: IF TOTAL PREGNANCIES = 1, SKIP TO SECTION C, PG. 10

18. How many living babies have you delivered or given birth to? |_|_|

None.....0 → **SKIP TO SECTION C, PG. 10**

19. (Did your child/Did any of your children) weigh less than 5 pounds, 8 ounces or 2500 grams at birth?

YES.....1

NO2→ **SKIP TO Q. 21**

CAN'T REMEMBER.....-8 → **SKIP TO Q. 21**

INTERVIEWER: IF R HAD ONLY 1 LIVING CHILD, RECORD “1” BUT DO NOT ASK Q.19a

- 19a. How many of your children weighed less than 5 pounds, 8 ounces or 2500 grams?

|_|_|

20. (Did your child/Did any of your children) weigh less than 3 pounds, 5 ounces or 1500 grams pounds at birth?

YES.....1

NO2 → **SKIP TO Q. 21**

CAN'T REMEMBER.....-8 → **SKIP TO Q. 21**

INTERVIEWER: IF R HAD ONLY 1 LIVING CHILD, RECORD “1” BUT DO NOT ASK Q.20a

20a. How many of your children weighed less than 3 pounds, 5 ounces or 1500 grams?

|_|_|_|

21. (Was your child/Were any of your children) born prematurely, that is 2 weeks before your expected due date?

YES.....1

NO2 → **SKIP TO Q.22**

CAN'T REMEMBER.....-8 → **SKIP TO Q. 22**

INTERVIEWER: IF R HAD ONLY 1 LIVING CHILD, RECORD “1” BUT DO NOT ASK Q.21a

21a. How many of your children were born prematurely?

|_|_|_|

22. Is this child/Are all of your children still living?

YES.....1 → **SKIP TO SECTION C**

NO2

INTERVIEWER: IF R HAD ONLY 1 LIVING CHILD, RECORD “1” BUT DO NOT ASK Q.22a

22a. How many of your children have passed away?

|_|_|_|

22b. At what age did this child (these children) die and what was the cause of death?

CHILD #	(1) Age at death	2) Cause of death
1	_ _ _ years _ _ _ mo	
2	_ _ _ years _ _ _ mo	
3	_ _ _ years _ _ _ mo	
4	_ _ _ years _ _ _ mo	
5	_ _ _ years _ _ _ mo	

INTERVIEWER: IF R HAS NO LIVING CHILDREN, SKIP TO SECTION C

23. (Does this child/Do all of your children) currently live with you in your home?

YES.....1→ **SKIP TO SECTION C**

NO2

INTERVIEWER: IF R HAD ONLY 1 LIVING CHILD, RECORD “1” BUT DO NOT ASK Q.23a
23a. How many of your children live someplace else, other than with you in your home?

|_|_|

SECTION C. MEDICAL HISTORY

Now, we would like to know more about you and your immediate family's medical history. Then I will ask you about the medical history of the baby's father and his immediate family.

<p>1. Have you or anyone in your immediate family, including your biological parents, sisters and brothers, and children ever been told by a doctor or health professional that you or they have the following conditions.</p>	<p>2. Has the baby's father or anyone in his immediate family, including his biological parents, sisters and brothers ever been told by a doctor or health professional that he or they have the following conditions. Please do not count any of your <u>own</u> children that you have already reported.</p>
<p>a. Eczema (a type of skin allergy)</p> <p>YES..... 1</p> <p>NO 2</p> <p>NOT SURE..... -8</p>	<p>a. Eczema (a type of skin allergy)</p> <p>YES 1</p> <p>NO 2</p> <p>NOT SURE -8</p>
<p>b. Any other allergies or hay fever</p> <p>YES..... 1</p> <p>NO 2</p> <p>NOT SURE..... -8</p>	<p>b. Any other allergies or hay fever</p> <p>YES 1</p> <p>NO 2</p> <p>NOT SURE -8</p>
<p>c. Asthma</p> <p>YES..... 1</p> <p>NO 2</p> <p>NOT SURE..... -8</p>	<p>c. Asthma</p> <p>YES 1</p> <p>NO 2</p> <p>NOT SURE -8</p>
<p>d. Chronic bronchitis</p> <p>YES..... 1</p> <p>NO 2</p> <p>NOT SURE..... -8</p>	<p>d. Chronic bronchitis</p> <p>YES 1</p> <p>NO 2</p> <p>NOT SURE -8</p>
<p>e. Any other chronic respiratory disease?</p> <p>YES..... 1</p> <p>NO 2</p> <p>NOT SURE..... -8</p> <p>f. IF YES, SPECIFY: _____</p> <p>_____</p>	<p>e. Any other chronic respiratory disease?</p> <p>YES..... 1</p> <p>NO 2</p> <p>NOT SURE -8</p> <p>f. IF YES, SPECIFY: _____</p> <p>_____</p>

SECTION D. TOBACCO USE, ATTITUDES, BELIEFS, AND BEHAVIORS

These next questions are about cigarette smoking. For all of these questions, please count a cigar or a pipeful of tobacco the same as a cigarette.

1. In your lifetime, have you ever smoked even a puff of a cigarette?

YES.....1

NO2 → **SKIP TO SECTION E. PG. 20**

- 1a. How old were you when you smoked your first cigarette? |__|__| YEARS OF AGE

2. In your lifetime, have you ever been a regular smoker; that is where you smoked at least one cigarette per day for any period of time?

YES.....1

NO2 → **SKIP TO Q.3**

- 2a. How old were you when you first became a regular smoker, that is, when you smoked at least one cigarette per day for any period of time?

|__|__| YEARS OF AGE

- 2b. About how many total years were you, or have you been, a regular smoker (that is, when you smoked at least one or more cigarettes per day)?

|__|__| YEARS

3. Since you first began smoking, did you ever try to quit smoking?

YES.....1

NO2 → **SKIP TO Q. 4**

- 3a. Since you first began smoking, what is the longest number of days, weeks, months or years in a row that you have gone without smoking even a puff of a cigarette?

|__|__| YEARS

|__|__| MONTHS

|__|__| WEEKS

|__|__| DAYS

4. Within the six months before you got pregnant, that is, before you conceived this baby, did you smoke at all, even a puff of a cigarette?

YES.....1

NO2 → **SKIP TO Q. 5**

- 4a. Within the six months before you became pregnant, about how many days per week did you usually smoke cigarettes, even a puff?

|__|__| DAYS PER WEEK SMOKED CIGARETTES

< 1 DAY/WEEK0

4b. Within the six months before you became pregnant, about how many cigarettes did you usually smoke each day? (ONE PACK = 20 CIGARETTES)

|____|____| CIGARETTES

A FEW PUFFS0

4c. Within the six months before you got pregnant, did you try to quit smoking?

YES.....1

NO2

4d. During this current pregnancy, have you tried to quit smoking?

YES.....1

NO2 → **SKIP TO Q.5**

4e. During this current pregnancy, how many times did you try to quit smoking?

ONE TIME1

TWO TIMES2

THREE OR MORE TIMES3

4f. What were some of the reasons why you tried to quit smoking after you found out you were pregnant? MARK ALL THAT APPLY.

BAD FOR MY BABY1

TASTE MADE ME SICK.....2

SMELL MADE ME SICK3

MORNING SICKNESS4

BAD FOR MY HEALTH5

OTHER6

4g. SPECIFY_____

Next, I will ask about your smoking habits during each trimester of your current pregnancy. When I ask about cigarettes, please remember to count a cigar or pipeful of tobacco the same as a cigarette.

	(1) 1 st trimester, from months 1-3	(2) 2 nd trimester from months 4-6	(3) 3 rd trimester from months 7-9
5. At any time during your _____ did you smoke at all, even a puff of a cigarette? (FOR 1 st TRIMESTER SAY: Remember to include the time before you first found out you were pregnant.)	YES 1 NO 2 → SKIP TO COL. 2	YES 1 NO 2 → SKIP TO COL. 3	YES 1 NO 2 → SKIP TO Q.6
5a. During a typical week in your _____ about how many days per week did you usually smoke cigarettes?	____ DAYS/WK ____ DAYS/WK < 1 DAY/WEEK-1	____ DAYS/WK ____ DAYS/WK < 1 DAY/WEEK-1	____ DAYS/WK ____ DAYS/WK < 1 DAY/WEEK-1
5b. On a typical day in your _____ when you smoked, about how many cigarettes did you usually smoke each day?	____ ____ CIGARETTES A FEW PUFFS-1	____ ____ CIGARETTES A FEW PUFFS-1	____ ____ CIGARETTES A FEW PUFFS-1
5c. At any time during your _____, were you able to stop smoking for 24 hours or longer?	YES 1 NO 2 → SKIP TO COL. 2	YES 1 NO 2 → SKIP TO COL. 3	YES 1 NO 2 → SKIP TO Q.6
5d. Thinking about _____, about how many total days, weeks or months were you able to stay smoke free? INTERVIEWER: EACH TRIMESTER = ABOUT 90-93 DAYS, 12-13 WEEKS, OR 3.3 MONTHS. IF ESTIMATE IS GREATER, REVIEW WITH R AND MAKE ADJUSTMENTS.	____ ____ MONTHS ____ ____ WEEKS ____ ____ DAYS ENTIRE TIME-9	____ ____ MONTHS ____ ____ WEEKS ____ ____ DAYS ENTIRE TIME-9	____ ____ MONTHS ____ ____ WEEKS ____ ____ DAYS ENTIRE TIME-9

6. Would you say you currently smoke more, less, or about the same number of cigarettes now, as you did in the six months before you found out or knew that you were pregnant?

MORE1

ABOUT THE SAME2

LESS3

7. On how many of the past 7 days have you smoked at least one puff of a cigarette?

____| DAYS IF "0" → **SKIP TO Q. 10**

8. For the next questions, I need you to think about a typical day when you smoked cigarettes in the past 7 days. Which typical day have you selected?

_____ ¹☐ WEEK DAY ²☐ WEEKEND DAY

9a. On (TYPICAL DAY), about how many cigarettes did you smoke?

|__|__| CIGARETTES

9b. About how many of those [# in Q9a] cigarettes did you smoke in a car?

|__|__| CIGARETTES

9c. About how many of those [# in Q9a] cigarettes did you smoke at home, indoors?

|__|__| CIGARETTES

9d. About how many of those [# in Q9a] cigarettes did you smoke at home, outdoors?

|__|__| CIGARETTES

9e. About how many of those [# in Q9a] cigarettes did you smoke somewhere else, other than at your home or in a car?

|__|__| CIGARETTES

9f. During the past 24 hours, how many cigarettes did you smoke?

|__|__| CIGARETTES

10. How long has it been (in hours, days, weeks, months or years) since you smoked at all, even a puff of a cigarette? (RECORD EXACT RESPONSE, USING AS MANY BOXES AS NECESSARY)

|__|__| HOURS

|__|__| DAYS

|__|__| WEEKS

|__|__| MONTHS

|__|__| YEARS

INTERVIEWER: HAS R SMOKED IN THE PAST 7 DAYS?

YES..... 1 → SKIP TO Q. 13

NO..... 2 → GO TO Q. 11

11. When you did smoke, how often did you usually smoke your first cigarette within 30 minutes after getting up in the morning? Would you say...

Always,1

Often,2

Rarely, or.....3

Never.....4

12. How confident are you that you can remain a non-smoker, and quit smoking for good?
Would you say...
- Not at all confident,.....1
- Not very confident,2
- Rather confident, or3
- Very confident?.....4

**INTERVIEWER: DID R LAST SMOKE 1 YEAR AND 3 MONTHS AGO (\geq 15 MONTHS)
OR LONGER? (SEE Q. 10)**

YES.....1 → SKIP TO SECTION E. PG. 20

NO.....2 → SKIP TO Q. 22

13. These next questions ask about your current smoking habits. How many minutes does it usually take you to smoke a cigarette?
_____ MINUTES
14. When you smoke a cigarette, about how much of the cigarette do you usually smoke?
Would you say. . .
- All of the cigarette,1
- Most of the cigarette,2
- Half of the cigarette,3
- Less than half of the cigarette, or.....4
- Only a couple of puffs of the cigarette?.....5
15. Think about how deeply you inhale the smoke from your cigarette. Would you say that you...
- Do not inhale,.....1 → **SKIP TO Q.17**
- Inhale slightly,.....2
- Inhale moderately,.....3
- Inhale deeply, or.....4
- Inhale very deeply?5
16. Once you inhale from a cigarette, how long do you usually hold the cigarette smoke in your lungs?
Would you say about . . .
- 1 second,1
- 2 seconds,.....2
- 3 seconds,.....3
- 4 seconds, or.....4
- 5 or more seconds?5

17. How often do you usually smoke your first cigarette within 30 minutes after getting up in the morning? Would you say . . .
- Always,1
- Often,2
- Rarely, or.....3
- Never?4
18. Are you seriously thinking about quitting smoking during this pregnancy?
- Yes within the next 30 days1
- Yes, within the next 6 months.....2
- No, not thinking of quitting during pregnancy3
19. If you decided to quit smoking during the next month, how confident are you that you could quit smoking for good? Would you say . . .
- Not at all confident,.....1
- Not very confident,2
- Rather confident, or3
- Very confident?.....4
20. When you smoke at home, how often do you decide to smoke outside instead of inside your home? Would you say . . .
- Never,.....1
- Rarely,.....2
- Sometimes,.....3
- Often, or4
- Almost always?5
21. When you are in an indoor location with non-smokers, including children, how often do you smoke around them? Would you say . . .
- Never,.....1
- Rarely,.....2
- Sometimes,.....3
- Often, or4
- Almost always?5

22. Regardless of whether you have quit smoking or not during your pregnancy, these next questions may still apply to you. Since you found out you were pregnant, how much support or encouragement have you received from your partner, the father of your baby, your family, and/or friends to help you to cut down, quit smoking, or remain a non-smoker? Would you say . . .

None at all,1
A little,2
Some, or3
A lot?.....4

23. In the last week, how strong have your urges been to smoke a cigarette? Would you say . . .

Not at all strong,1
Not very strong,2
Somewhat strong.....3
Very strong, or4
Extremely strong?5

24. Please use **CARD B** to answer these next questions. As I read each statement, think about how often you have had these thoughts or done these things when you had the urge to smoke in the last month.

	<u>Never</u>	<u>Seldom</u>	<u>Occasionally</u>	<u>Often</u>	<u>Repeatedly</u>
a. When I am tempted to smoke I think about something else. In the last month, did this happen.	1.....	2.....	3.....	4.....	5
b. I tell myself I can quit if I want to. In the last month, did this happen	1.....	2.....	3.....	4.....	5
c. I recall information people have given me on the benefits of quitting smoking.	1.....	2.....	3.....	4.....	5
d. I can expect to be rewarded by others if I don't smoke.	1.....	2.....	3.....	4.....	5
e. I stop to think that my smoking is harmful to my baby.	1.....	2.....	3.....	4.....	5
f. I get upset when I think about my smoking.	1.....	2.....	3.....	4.....	5
g. I remove things from my home or place of work that remind me of smoking.....	1.....	2.....	3.....	4.....	5

	<u>Never</u>	<u>Seldom</u>	<u>Occasionally</u>	<u>Often</u>	<u>Repeatedly</u>
h. I have someone who listens when I need to talk about my smoking. In the last month, did this happen	1.....	2.....	3.....	4.....	5
i. I think about information from articles and ads about how to stop smoking.	1.....	2.....	3.....	4.....	5
j. I consider that being around others who smoke can be harmful to the baby.	1.....	2.....	3.....	4.....	5
k. I tell myself that if I try hard enough I can keep from smoking.....	1.....	2.....	3.....	4.....	5
l. My need for cigarettes makes me feel disappointed in myself.	1.....	2.....	3.....	4.....	5
m. I have someone I can count on when I'm having problems with smoking. In the last month, did this happen	1.....	2.....	3.....	4.....	5
n. I do something else instead of smoking when I need to relax.	1.....	2.....	3.....	4.....	5
o. I keep things around my home or place of work that remind me not to smoke. ..	1.....	2.....	3.....	4.....	5
p. I am rewarded by others if I don't smoke.	1.....	2.....	3.....	4.....	5
25. <u>Since you became pregnant</u> , have you done any of the following to try to quit, cut down on your smoking, or remain a non-smoker?					
		<u>YES</u>	<u>NO</u>		
a. Limited your smoking at home to only certain areas or rooms inside your house (e.g., in the basement, bedroom, kitchen, living room)?.....	1		2		
b. Limited your smoking at home only to the outdoors, or outside your house (e.g., on the front porch, in the back yard)?.....	1		2		
c. Called or talked to a friend or family member who supports your not smoking?	1		2		
d. Since you became pregnant, have you stayed away from other people who were smoking?	1		2		
e. Have you done something else to avoid smoking a cigarette (e.g., cleaned the house, read a magazine, went for a walk)?	1		2		
f. Delayed smoking a cigarette when you wanted one, even a few minutes?	1		2		

	<u>YES</u>	<u>NO</u>
g. Done something nice or to reward yourself (e.g., buy a dress) for not smoking?	1	2
h. Since you became pregnant, have you asked your partner, friends or family members to help you stay smoke-free?.....	1	2
i. Used any type of nicotine replacement product, for example chewing nicotine gum, wearing a quit smoking patch, or using a nicotine inhaler or spray.....	1	2
26. <u>Since you became pregnant</u> , have any of the following people ever encouraged you not to smoke and to stay smoke free while you are pregnant?		
	<u>YES</u>	<u>NO</u>
a. Pre-natal care clinic staff (a nurse or doctor)?	1	2
b. Your current partner or the father of your baby?	1	2
c. Someone else you live with?.....	1	2
d. A family member who does not live with you?	1	2
e. A friend who does not live with you?	1	2
f. Anyone else?	1	2
26g. SPECIFY _____		

SECTION E. ETS EXPOSURE, BELIEFS & PRACTICES

The next questions are about how much the other people in your life, such as your partner, family members, friends, visitors, or the people you live with have smoked cigarettes, pipes, cigars or other tobacco products around you during each trimester of your pregnancy. When I ask about cigarettes, please remember to count a cigar and a pipeful of tobacco the same as a cigarette.

	(1) 1 st trimester, from months 1 to 3	(2) 2 nd trimester, from months 4 to 6	(3) 3 rd trimester, from months 7 to 9
1a. During a typical week in your _____, about how many days did someone else smoke cigarettes <u>around you inside your home</u> ? (FOR 1 st TRIMESTER SAY: Remember to include the time before you first found out you were pregnant.)	__ DAYS/WK < 1 DAY/WEEK.....-1 NO DAYS 0 → SKIP TO Q.1c	__ DAYS/WK < 1 DAY/WEEK.....-1 NO DAYS 0 → SKIP TO Q.1c	__ DAYS/WK < 1 DAY/WEEK.....-1 NO DAYS 0 → SKIP TO Q.1c
1b. On a typical day in your _____, when other people smoked <u>inside your home</u> , about how many cigarettes were usually smoked around you each day?	__ __ CIGARETTES A FEW PUFFS -1	__ __ CIGARETTES A FEW PUFFS -1	__ __ CIGARETTES A FEW PUFFS -1
1c. On a typical week in your _____, about how many days did someone else smoke <u>around you while you were away from your home</u> (e.g., in someone else's home, in an enclosed room or a car)? (FOR 1 st TRIMESTER SAY: Remember to include the time before you first found out you were pregnant.)	__ DAYS/WK < 1 DAY/WEEK.....-1 NO DAYS 0 → SKIP TO COL. 2	__ DAYS/WK < 1 DAY/WEEK.....-1 NO DAYS 0 → SKIP TO COL. 3	__ DAYS/WK < 1 DAY/WEEK.....-1 NO DAYS 0 → SKIP TO Q. 2
1d. On a typical day in your _____, when other people smoked <u>around you away from your home</u> , about how many cigarettes did they usually smoke around you each day?	__ __ CIGARETTES A FEW PUFFS -1	__ __ CIGARETTES A FEW PUFFS -1	__ __ CIGARETTES A FEW PUFFS -1

Next, I would like to ask you about the people, other than yourself, who may have smoked either inside your home or around you since you became pregnant, and during the past 7 days. (IF DON'T KNOW: If you are not sure, take your best guess. Remember, one pack of cigarettes per day = 20 cigarettes.)

	(A) Your current partner/ husband/ boyfriend (CHECK Q. B7. PG 5 IF R HAS CURRENT PARTNER)	(B) Your baby's father (CHECK Q. B8, PG 5 IF PARTNER IS BABY'S FATHER)	(C) Your other household members (NOT INCLUDING PARTNER OR BABY'S FATHER)	(D) Your other friends and family members who do not live with you
2. (Does/Do) ___ smoke cigarettes?	YES.....1 NO2 → SKIP TO COL B NO CURRENT PARTNER -7 → SKIP TO COL. B	YES1 NO2 → SKIP TO. COL C PARTNER IS BABY'S FATHER....-7 → SKIP TO COL. C	YES 1 NO.....2 → SKIP TO. COL D	YES..... 1 NO 2 → SKIP TO. Q.5
2a. How many cigarette smokers, <u>not including yourself</u> , live in your home?			____ ____ SMOKERS	
3. (Has/have any of)_____ smoked at all, even a puff of a cigarette, <u>inside your home since you became pregnant</u> ?	YES..... 1 NO 2 → SKIP TO. Q4c	YES 1 NO 2 → SKIP TO Q4c	YES 1 NO..... 2 → SKIP TO Q4c	YES..... 1 NO 2 → SKIP TO Q.4c
3a. On how many of the past 7 days did ___ smoke cigarettes <u>inside your home</u> ?	____ ____ DAYS	____ ____ DAYS	____ ____ DAYS	____ ____ DAYS
4. (Has/have any of)_____ smoked at all, even a puff of a cigarette, <u>around you since you became pregnant</u> ?	YES..... 1 NO 2 → SKIP TO Q. 4e	YES 1 NO 2 → SKIP TO Q. 4e	YES 1 NO..... 2 → SKIP TO Q. 4e	YES..... 1 NO 2 → SKIP TO Q. 4e
4a. On how many of the past 7 days did _____ smoke cigarettes <u>around you inside your home</u> ?	____ ____ DAYS IF 0 → SKIP TO Q. 4c	____ ____ DAYS IF 0 → SKIP TO Q. 4c	____ ____ DAYS IF 0 → SKIP TO Q. 4c	____ ____ DAYS IF 0 → SKIP TO Q. 4c
4b. On a typical day in the past 7 days, about how many cigarettes did _____ smoke <u>around you inside your home</u> ?	____ ____ CIGARETTES	____ ____ CIGARETTES	____ ____ CIGARETTES	____ ____ CIGARETTES
4c. On how many of the past 7 days did ___ smoke a cigarette <u>around you away from your home</u> , (e.g., in a car, at another person's home, at a restaurant, at work, or some other place)?	____ ____ DAYS IF 0 → SKIP TO Q. 4e	____ ____ DAYS IF 0 → SKIP TO Q. 4e	____ ____ DAYS IF 0 → SKIP TO Q. 4e	____ ____ DAYS IF 0 → SKIP TO Q. 4e
4d. On a typical day in the past 7 days, about how many cigarettes did ___ smoke <u>around you away from home</u> ?	____ ____ CIGARETTES	____ ____ CIGARETTES	____ ____ CIGARETTES	____ ____ CIGARETTES
4e. <u>Since you became pregnant</u> , has/have ___ increased smoking around you, continued smoking the same amount <u>around you</u> , reduced smoking around you, or stopped smoking <u>around you</u> ?	Increased.....1 Same amount2 Reduced3 Stopped4	Increased..... 1 Same amount 2 Reduced3 Stopped.....4	Increased 1 Same amount..... 2 Reduced 3 Stopped 4	Increased..... 1 Same amount 2 Reduced3 Stopped.....4

To summarize, think of all the people you know who smoke cigarettes.

- 5a. On how many of the past 7 days did other people, not including yourself, smoke even a puff of a cigarette inside your home?

|__| DAYS

NONE 0 → **SKIP TO Q. 6a**

Think about a typical or usual day in the past 7 days when other people, besides yourself, smoked inside your home. What day have you selected?

- 5b. On (TYPICAL DAY), how many total cigarettes were smoked around you inside your home? Take your best guess. Remember, one pack of cigarettes equals 20 cigarettes.

|__|__|__| CIGARETTES

- 6a. On how many of the past 7 days did other people, not including yourself, smoke even a puff of a cigarette around you while you were away from your home, such as in a car, at another person's home, at a restaurant, at work, or some other place?

|__| DAYS

NONE 0 → **SKIP TO Q. 7**

Think about a typical or usual day in the past 7 days when other people, besides yourself, smoked around you while away from your home. What day have you selected?

- 6b. On (TYPICAL DAY), how many total cigarettes were smoked around you while away from your home. Take your best guess.

|__|__|__| CIGARETTES

7. How much do you think that a pregnant woman's cigarette smoking can harm her unborn child's health? Would you say . . .

Not at all, 1

Not very much, 2

Somewhat, or 3

A lot? 4

DON'T KNOW -8

8. How much do you think that your being around other people who are smoking cigarettes while you are pregnant can harm the health of your unborn baby? Would you say . . .
- Not at all,.....1
- Not very much,.....2
- Somewhat, or3
- A lot?.....4
- DON'T KNOW-8
9. If you were to quit smoking and/or to avoid cigarette smoke entirely during your pregnancy, how much do you think that this would actually improve your new baby's health? Would you say . . .
- Not at all,.....1
- Not very much,.....2
- Somewhat, or3
- A lot?.....4
10. Given all the other priorities and concerns in your life, how important of a priority is it for you to avoid any tobacco smoke exposure while you are pregnant? Would you say . . .
- Not at all important,1
- Not very important,2
- Somewhat important3
- Very important, or4
- Extremely important?5
11. How much do you think that people smoking cigarettes around your new baby after you give birth, including yourself, could harm your new baby's health? Would you say . . .
- Not at all,.....1
- Not very much,.....2
- Somewhat, or3
- A lot?.....4
- DON'T KNOW-8

12. If you were to stop anyone from smoking around your new baby, including yourself, how much do you think that this would actually improve your new baby's health? Would you say . . .
- Not at all,.....1
- Not very much,.....2
- Somewhat, or3
- A lot?.....4
13. Given all the other priorities and concerns in your life, how important of a priority is it for you to make sure that your new baby is not exposed to cigarette smoke after he/she is born? Would you say . . .
- Not at all important,1
- Not very important,2
- Somewhat important3
- Very important, or4
- Extremely important?5
14. In general, who in your household is most likely to make decisions or set the rules about whether cigarettes can be smoked in your home? Would you say . . .
- You are most likely to decide/make up the rules,1 → **SKIP TO Q.17**
- Decisions and rules about smoking in the house are jointly shared, or2
- Someone else is most likely to decide/make up the rules?3
15. Which of the following statements best describes where cigarette smoking is allowed inside your home? Would you say . . .
- Smoking is not allowed anywhere inside your home,1
- Smoking is allowed only in certain areas or rooms inside your home, or2
- Smoking is allowed anywhere inside your home3
16. Which statement best describes who is allowed to smoke inside your home? Would you say . . .
- No one is allowed to smoke inside your home,1
- Only special guests are allowed to smoke inside your home, or2
- Everyone is allowed to smoke inside your home.....3

17. How do you handle cigarette smoking when you are away from your home?
- I do not allow anyone to smoke around me,1
- I only allow certain people to smoke around me, or.....2
- I allow everyone to smoke around me?3
18. Since you became pregnant, have you done any of the following to reduce the number of cigarettes other people smoke around you and your unborn baby?
- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| a. Posted a no smoking sign or magnet in your home? | 1 | 2 |
| b. Created no smoking in house rules at your home? | 1 | 2 |
| c. Talked to other people about the harmful effects that cigarette smoking
<u>around you while you are pregnant</u> can have on your <u>unborn baby</u> ? | 1 | 2 |
| d. Talked to other people about the harmful effects that cigarette smoking
<u>around your new baby</u> can have <u>after he/she is born</u> ? | 1 | 2 |
| e. Asked other people not to smoke <u>around you while you are pregnant</u> ? | 1 | 2 |
| f. Asked other people not to smoke <u>around your new baby after he/she is born</u> ? | 1 | 2 |
| g. Stayed away from other people who were smoking cigarettes? | 1 | 2 |
| h. Did something nice for the people who stopped smoking around you? | 1 | 2 |
19. Since you became pregnant, how often have you asked other people who wanted to smoke a cigarette at your home to smoke outside instead of inside of your home? Would you say . . .
- Never,.....1
- Rarely,.....2
- Sometimes,.....3
- Often, or4
- Almost always?.....5
- NA, NO ONE HAS WANTED TO SMOKE IN MY HOME-7

20. Since you became pregnant, how often have you asked other people not to smoke around you and/or your unborn baby when you are away from your home and someone wanted to smoke, for example, when you are visiting the home of a friend or family member who smokes?
Would you say . . .
- Never,1
Rarely,2
Sometimes,3
Often, or4
Almost always?5
NA, NO ONE HAS WANTED TO SMOKE AT ANOTHER HOME-7
21. Since you became pregnant, how often have you gone outside or left the room when someone else started to light up or to smoke a cigarette around you and your unborn baby?
Would you say . . .
- Never,1
Rarely,2
Sometimes,3
Often, or4
Almost always?5
NA, NO ONE HAS STARTED TO SMOKE AROUND ME.....-7
22. If you decided you did not want other people to smoke around you and your unborn baby during the next month of your pregnancy, how confident are you that you could stop them? Would you say . . .
- Not at all confident.....1
Not very confident,2
Somewhat confident,.....3
Very confident, or4
Extremely confident?5
DON'T KNOW-8

23. If you asked your partner, other household members, family, friends, or coworkers not to smoke around you and your unborn baby, how much support or understanding do you think you would get?
Would you say. . .
- None,1
 Not much,2
 Some, or3
 A lot?4
 DON'T KNOW-8
24. If you wanted to keep other people from smoking around your new baby after you give birth, how confident are you that you could stop them? Would you say . . .
- Not at all confident.....1
 Not very confident,2
 Somewhat confident,.....3
 Very confident, or4
 Extremely confident?5
 DON'T KNOW-8
25. If you asked your partner, other household members, family, friends, or coworkers not to smoke around your new baby after you give birth, how much support or understanding do you think you would get? Would you say. . .
- None,1
 Not much,2
 Some, or3
 A lot?4
 DON'T KNOW-8

SECTION F. DRUG USE AND OTHER RISK BEHAVIORS

These questions are about alcohol and drugs

1a. During how many months of this pregnancy did you drink any. . .
(IF NONE, RECORD "0" AND GO TO NEXT TYPE OF ALCOHOL)

- (1) Beer?|____| months
(2) Wine?|____| months
(3) Wine coolers?.....|____| months
(4) Hard liquor, such as vodka, gin, scotch, bourbon, tequila, brandy, or liqueur?|____| months

1b. During a typical month when you drank _____, how often did you drink ____? Would you say. . .

Every day or almost every day,	3-4 times/wk,	1-2 times/wk, or	1-3 times/mo
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4

2a. During how many months of this pregnancy did you use any. . .
(IF NONE, RECORD "0" AND GO TO NEXT TYPE OF DRUG)

- (1) Marijuana or hashish?|____| months
(2) Crack or cocaine?.....|____| months

2b. During a typical month when you drank _____, how often did you drink ____? Would you say. . .

Every day or almost every day,	3-4 times/wk,	1-2 times/wk, or	1-3 times/mo
1	2	3	4
1	2	3	4

3. At any time during this pregnancy, did you use. . .

YES NO

- a. Heroin?.....1.....2
b. LSD?1.....2
c. Amphetamines (uppers)?1.....2
d. Sedatives, or tranquilizers (downers, nerve pills, pain killers)?1.....2
e. Any other type of drugs? (SPECIFY)1.....2

INTERVIEWER: IF Q.3a-e ALL = NO, SKIP TO SECTION G

4. During your pregnancy, did you ever use a needle to take any of these drugs?

- YES1
NO.....2
NOT SURE, CAN'T REMEMBER-8

SECTION G. YOU AND YOUR FEELINGS

Next, I would like to ask you a few questions just about you, and your feelings.

1. Please use **CARD C** to answer each statement that reflects how much control you feel you have in your daily life.

	Strongly <u>Agree</u>	<u>Agree</u>	<u>Disagree</u>	Strongly <u>Disagree</u>
a. I have little or no control over the things that happen to me. Do you	1	2	3	4
b. There is really no way I can solve some of the problems I have. Do you.....	1	2	3	4
c. There is little I can do to change many of the important things in my life.	1	2	3	4
d. I often feel helpless in dealing with the problems of life.....	1	2	3	4
e. Sometimes I feel that I am being pushed around in life.....	1	2	3	4
f. What happens to me in the future mostly depends on me.....	1	2	3	4
g. I can do just about anything I set my mind to do.	1	2	3	4

2. During the past 12 months, have you had two or more weeks in a row when you felt sad, blue or depressed, or when you lost all interest or pleasure in things that you usually cared about or enjoyed? (IF DK, PROBE FOR ANSWER THAT FITS BEST)

YES.....1

NO2

3. I am now going to read to you some ways you may have felt or behaved during the past week. Please use **CARD D** for these items. During the past week, how often...

	Rarely or None of the time (<u><1 day</u>)	Some or a little of the time (<u>1-2 days</u>)	Occasionally or a moderate amount of time (<u>3-4 days</u>)	Most or all of the time (<u>5-7 days</u>)
a. Were you bothered by things that usually don't bother you? Would you say	1	2	3	4
b. How often did you have trouble keeping your mind on what you were doing? Would you say	1	2	3	4
c. How often did you feel depressed?	1	2	3	4
d. How often did you feel that everything you did was an effort?.....	1	2	3	4
e. During the past week how often did you feel hopeful about the future? Would you say.....	1	2	3	4
f. How often did you feel fearful?.....	1	2	3	4
g. How often did your sleep become restless?	1	2	3	4
h. During the past week how often were you happy?.....	1	2	3	4
i. How often did you feel lonely?	1	2	3	4
j. How often did you feel you could not "get going?"	1	2	3	4
4. Are you currently taking any prescribed medications for anxiety (nerves), depression, or stress?				
YES.....	1			
NO.....	2			

SECTION H: YOUR RELATIONSHIP WITH YOUR PARTNER AND OTHERS

The following questions are about things that may have happened to you.

- 1a. Within the last year, have you been emotionally abused by your boyfriend, ex-boyfriend, your husband, or ex-husband, or the baby's father, that is has this person disrespected you, called you names like ugly or stupid, etc.?

YES1

NO2→ **GO TO Q. 3a**

1b. How many times did your partner or the baby's father do this to you? |____|____|

- 2a. Since you became pregnant, has your partner or the baby's father disrespected you, called you names like ugly or stupid, etc.?

YES1

NO2→ **GO TO Q. 3a**

2b. How many times did your partner or the baby's father do this to you? |____|____|

- 3a. Within the last year, have you been hit, slapped, kicked, pushed, shoved, forced to have sex, or otherwise physically hurt by your boyfriend, ex-boyfriend, your husband, or ex-husband, or the baby's father?

YES1

NO2→ **GO TO Q. 5a**

3b. How many times did your partner or the baby's father do this to you? |____|____|

- 4a. Since you became pregnant, has your partner or the baby's father hit, slapped, kicked, pushed, shoved, forced to have sex, or otherwise physically hurt you?

YES1

NO2→ **GO TO Q. 5a**

4b. How many times did your partner or the baby's father do this to you? |____|____|

- 5a. Within the last year, did you hit, slap, kick, push, shove, force sex, or otherwise physically hurt your boyfriend, ex-boyfriend, your husband, or ex-husband, or the baby's father?

YES1

NO2→ **GO TO Q. 7a**

5b. How many times did you do this to your partner or the baby's father? |____|____|

6a. Since you became pregnant, have you done this to your partner or the baby's father?

YES1

NO.....2→ **SKIP TO Q.7**

6b. How many times did you do this to your partner or the baby's father? |____|____|

7. Are you afraid of your current partner or the baby's father?

YES1

NO.....2

INTERVIEWER: DOES R HAVE A CURRENT PARTNER? (REFER TO Q.B7 ON PG. 5)

YES 1 → GO TO Q. 8

NO..... 2 → SKIP TO Q. 9

8. Just a few more questions about your partner. Please use **Card E** for these items. During the past month, how much of the time have you felt the following...

None of the <u>time</u>	A little of the <u>time</u>	Some of the <u>time</u>	A good bit of the <u>time</u>	Most of the <u>time</u>	All of the <u>time</u>
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- a. My spouse or partner cares about me.
During the past month did you feel this 1..... 2..... 3..... 4..... 5..... 6
- b. My spouse or partner accepts me as I am.
During the past month did you feel this 1..... 2..... 3..... 4..... 5..... 6
- c. I enjoy the time I spend with my spouse
or partner? 1..... 2..... 3..... 4..... 5..... 6
- d. My spouse or partner seems interested in how
I am doing? 1..... 2..... 3..... 4..... 5..... 6
- e. My spouse or partner comes through for me
when I need him? 1..... 2..... 3..... 4..... 5..... 6
- f. When something is on my mind, just talking
with my spouse or partner can make me feel
better. During the past month did you feel
this 1..... 2..... 3..... 4..... 5..... 6
- g. My spouse or partner encourages me when I
feel discouraged or down? 1..... 2..... 3..... 4..... 5..... 6
- h. I enjoy talking about everyday kinds of things
with my spouse or partner? 1..... 2..... 3..... 4..... 5..... 6
- i. My spouse or partner is a good source of
useful information when I need it. 1..... 2..... 3..... 4..... 5..... 6

None of the <u>time</u>	A little of the <u>time</u>	Some of the <u>time</u>	A good bit of the <u>time</u>	Most of the <u>time</u>	All of the <u>time</u>
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- j. My spouse or partner helps me out. During the past month did you feel this 1 2 3 4 5 6
- k. When I need someone to help me out, I can usually rely on my spouse or partner. 1 2 3 4 5 6

9. Finally, I would now like to ask you about your relationships with other people who are important in your life. This might include your children, family, or friends. Please use **Card E** for these items. During the past month, how much of the time have you felt the following...

None of the <u>time</u>	A little of the <u>time</u>	Some of the <u>time</u>	A good bit of the <u>time</u>	Most of the <u>time</u>	All of the <u>time</u>
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- a. The people I care about make me feel that they care about me. During the past month did you feel this 1 2 3 4 5 6
- b. The people important to me accept me as I am? During the past month did you feel this 1 2 3 4 5 6
- c. I enjoy the time I spend with the people who are important to me? 1 2 3 4 5 6
- d. The people I care about seem interested in how I am doing? 1 2 3 4 5 6
- e. The people I care about come through for me when I need them? 1 2 3 4 5 6
- f. When something is on my mind, just talking with the people I know can make me feel better. During the past month did you feel this 1 2 3 4 5 6
- g. The people who are important to me encourage me when I feel discouraged or down? 1 2 3 4 5 6
- h. I enjoy talking about everyday kinds of things with the people I care about? 1 2 3 4 5 6
- i. The people I know are a good source of useful information when I need it? 1 2 3 4 5 6
- j. The people I care about help me out? 1 2 3 4 5 6
- k. When I need someone to help me out, I can usually find someone. 1 2 3 4 5 6

THANK PARTICIPANT AND VERIFY HER CONTACT INFORMATION AND CONTACT INFORMATION OF SECONDARY SOURCES. INFORM HER OF 6-WEEK POSTPARTUM INTERVIEW AND OBTAIN BEST TIME TO CALL.

SECTION I. END OF INTERVIEW

1. TIME INTERVIEW ENDED: |_|_| : |_|_| am / pm
2. DATE INTERVIEW COMPLETED: |_|_| - |_|_| - |_|_|_|_|
 MO DAY YEAR
3. INTERVIEWER ID #: |_|_|_|
4. ANSWER CARDS:
- | | |
|--------------------|---|
| AVAILABLE | 1 |
| NOT AVAILABLE..... | 2 |
| WROTE DOWN | 3 |
- 5a. WAS THE RESPONDENT'S UNDERSTANDING OF THE QUESTIONS . . .
- | | | |
|------------|---|-------------------------|
| GOOD..... | 1 | } → SKIP TO Q. 6 |
| FAIR | 2 | |
| POOR..... | 3 | |
- 5b. IF "POOR": WHICH SPECIFIC SECTIONS OR QUESTIONS DID THE RESPONDENT HAVE DIFFICULTY UNDERSTANDING?
- _____
- _____
- _____
6. IN GENERAL, WHAT WAS THE RESPONDENT'S ATTITUDE TOWARD THE INTERVIEW?
- | | |
|---|---|
| FRIENDLY AND INTERESTED..... | 1 |
| COOPERATIVE BUT NOT PARTICULARLY INTERESTED | 2 |
| IMPATIENT AND RESTLESS | 3 |
| HOSTILE..... | 4 |
7. WERE THERE ANY DISTRACTIONS DURING THE INTERVIEW, SUCH AS CHILDREN, PHONE CALLS, TV, ETC?
- | | |
|----------|-------------------------|
| YES..... | 1 |
| NO..... | 2 → SKIP TO Q. 8 |
- 7a. DID THE DISTRACTIONS AFFECT THE RESPONDENT'S ABILITY TO ANSWER THE QUESTIONS . . .
- | | |
|-------------------|---|
| A LOT,..... | 1 |
| SOMEWHAT, | 2 |
| NOT AT ALL? | 3 |

8. NOTES:

ACTIVITY:	DOCUMENT:
UPDATE PARTICIPANT'S CONTACT INFORMATION	✓ ACTIVITY BOOKLET ✓ DMS
UPDATE CONTACT INFORMATION FOR SECONDARY SOURCES	✓ FACE SHEET ✓ DMS
RECORD BEST TIME TO CALL FOR 6-WEEK PP INTERVIEW	✓ ACTIVITY BOOKLET ✓ FRONT PAGE OF QUESTIONNAIRE ✓ DMS
ENTER FINAL RESULT CODE	✓ ACTIVITY BOOKLET ✓ FRONT PAGE OF QUESTIONNAIRE ✓ DMS